

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/596,919 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.		DEP.	IND.	DEP.	IND.		IND.		DEP.	IND.	DEP.	IND.	DEP.
	1	/					51							
2		/					52							
3			/				53							
4			/				54							
5			/				55							
6			/				56							
7			/				57							
8			/				58							
9			/				59							
10			/				60							
11			/				61							
12			/				62							
13			/				63							
14			/				64							
15			/				65							
16			/				66							
17			/				67							
18			/				68							
19			/				69							
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21			/				71							
22			/				72							
23			/				73							
24			/				74							
25			/				75							
26			/				76							
27			/				77							
28			/				78							
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31			/				81							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/		↓		↓									
TOTAL DEP.	30		←		←			↓		↓		↓		
TOTAL CLAIMS	31							←		←		←		

Best Available Copy